

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215525180						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE NATIONAL PHYSICIANS ALLIANCE FOUNDATION, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH, LTD. 250 BROWNS HILL COURT MIDLOTHIAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2015</p> <p>SCC ID NO: 06601421</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CLASS</td> <td style="width: 50%; padding: 2px;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 888 16TH ST, NW STE 800</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20006</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CHERYL BETTIGOLE TITLE: PAST PRESIDENT ADDRESS: 6611 LINCOLN DRIVE CITY/ST/ZIP/CO: PHILADELPHIA, PA 19119 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">X</td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CHERYL BETTIGOLE TITLE: PAST PRESIDENT ADDRESS: 6611 LINCOLN DRIVE CITY/ST/ZIP/CO: PHILADELPHIA, PA 19119	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	X	DIRECTOR
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NAME: DR. MARK RYAN TITLE: VICE PRESIDENT ADDRESS: 1924 FLOYD AVE CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	X	DIRECTOR			
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NAME:	VALERIE ARKOOSH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR. POLICY ADVI		
ADDRESS:	530 SPRING LANE		
CITY/ST/ZIP/CO:	WYNDMOOR, PA 19038		
NAME:	DR. PADI MCFADDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5689 FORBES AVE		
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15217		
NAME:	DR. JEAN SILVER-ISENSTADT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC. DIRECTOR		
ADDRESS:	10174 DEEP SKIES DRIVE		
CITY/ST/ZIP/CO:	LAUREL, MD 20723		
NAME:	DR. ALEX BLUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5124 5TH ST NW, 1C		
CITY/ST/ZIP/CO:	WASHINGTON DC, DC 20011		
NAME:	DR. OUIDA BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1931 CHESTNUT STREET #2R		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		
NAME:	DR. RICHARD BRUNO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3124 CHESTNUT AVE		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21211		
NAME:	DR. CHRISTINE CASSEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 WEST WASHINGTON SQUARE, APT. 2707		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19106		
NAME:	DR. RICKY CHOI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	629 LAKEVIEW AVE		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94112		
NAME:	RACHEL DEGOLIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1648 COMPTON RD		
CITY/ST/ZIP/CO:	CLEVELAND HEIGHTS, OH 44118		
NAME:	FRANCES HANCKEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2758 SW FAIRMONT BLVD		
CITY/ST/ZIP/CO:	PORTLAND, OR 97239		
NAME:	DR. LUXME HARIHARAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 NE 44TH STREET		
CITY/ST/ZIP/CO:	MIAMI, FL 33137		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. WILLIAM JORDAN DIRECTOR 450 W 147 ST #52 NEW YORK, NY 10031	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. AMY LU DIRECTOR 1000 W. WASHINGTON BLVD UNIT 347 CHICAGO, IL 60607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. RISHI MANCHANDA DIRECTOR 4162 FARMDALE AVE STUDIO CITY, CA 91604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. HARVEY SLOANE DIRECTOR 3631 39TH ST. NW WASHINGTON D.C, DC 20013	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. KATE TULENKO DIRECTOR 6402 15TH STREET ALEXANDRIA, VA 22307	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHERYL BETTIGOLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHERYL BETTIGOLE, PAST PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/30/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			